

संबद्धता हेतु आवेदन पत्र

प्रति,

श्रीमान् संचालक महोदय,
शाइन कम्प्यूटर सेंटर,
मुख्यालय-पुसौर, रायगढ़ (छ.ग.)

विषय :- _____ नगर/विकासखंड/ग्राम पंचायत में शाइन कम्प्यूटर
प्रशिक्षण केन्द्र हेतु संबद्धता बाबत आवेदन पत्र।
महोदय ,

विनम्र निवेदन है कि मैं _____ पिता का नाम
श्री _____ (स्थान का नाम) _____
विकासखंड _____ जिला _____ पिन कोड _____ (छ.ग.) में
कम्प्यूटर आदि तकनीकी प्रशिक्षण केन्द्र चलाने का इच्छुक हूं। तथा आपके शाइन कम्प्यूटर
सेंटर के बैनर तले कार्य करने का इच्छुक हूं। मैंने आपके नियम शर्तों को पढ़ समझ
लिया है जिसका पालन करूंगा।

अतः कृपया मुझे शाइन कम्प्यूटर सेंटर की संबद्धता प्रदान करने की कृपा करें।

दिनांक : _____ सधन्यवाद

स्थान : _____ प्रार्थी

हस्ताक्षर
पूरा नाम

प्रशिक्षण स्थल का पता : (_____)

पता : _____

AUTHORISATION AGREEMENT

This Agreement is Effective form the date

____/____/____

BETWEEN

The Director (Mr D.M.Patel) of M/s. **Shine Education Society**,
a Registered Society under Govt. of Chhattisgarh ,situated at **Pussore**,
Dist- Raigarh (C.G.)

&

M/s. _____

Running by Partner / Proprietor /MD

Mr./Ms./Mrs. _____

S/o, D/o,W/o Shri/Smt. _____

Situated at City /Town /Block District:- _____

State: - _____ Pin : _____

Authorized for the operational area at Village, block & District Level,
entitle for a period of One Years.

FRANCHISEE TERM'S & CONDITIONS

FOR BECOMING A BONAIRE PARTNER INSTTUTION FOR RUNNING OUR PROJECT HAVE TO FULFILL THE FOLLOWING FORMS:

Agreement For Partnership (1 Year) For Running The Project By Depositing A Amount Of Demand Draft In Favore Of **SBI /AC :- 36049299632 SHINE EDUCATION SOCIETY, PUSSORE (C.G.)**

A -CLASS 5000 ONLY. B -CLASS 3000 ONLY FRANCHISEE FEE

Personal Information

Name : _____

Address : _____

Father's Name : _____

Center Address : _____

(Full Adress) _____

Mobile Number : _____ 2. _____

Whatsapp No : _____ Email id : _____

Academic Qulification : _____

Are You An Employee Businessmen

If Employee Working Pvt. Sector Govt. Sector

From Of Business Patnership Proprietorship

(Attached Firm Registration Copy/Deeds In Support Of Your Statement)

Experience : Below 2 Year Above 2 Year

Centre Place Information

Centre Place : _____ District _____ State: _____

Address _____

Centre Contact No. _____ 2. _____

Are You want to Run University Course _____

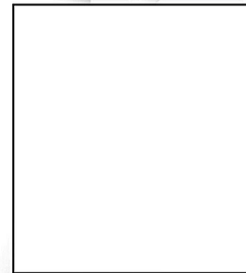
Declaration

I hereby certify that all the information here in accurate and complete. I authorize Shine Education Society to make whatever inquires it deems necessary in connection with this application. In also agree that if collection measure in required Against me, I will liable for all cost and attorneys incurred by Shine Education Society (C.G.)

Date : _____ Authorized Signature : _____

Place : _____ Print Name : _____

This agreement will in all respect be governed by and constructed in accordance with the law of the country, unless the law of the state, province of AEC's domicile requires otherwise, in which se the laws so required with government. All the judicial matter is subjected to Raigarh(C.G.) Jurisdiction only.



For _____

For : Shine Education Society

Signature : _____

Signature : _____

Print Name : _____

Print Name : Mr D.M.Patel

Date : _____

Date : _____

Encloses :-

Agreement of Authorization.

Two Photograph of Centre Director.

Photograph of Centre

Address proof (Phone Bill, PAN Card, Driving License) Photograph of last Qualification

The argument on payment of/- Rs. Only.

SHINE ACADEMY OF INFORMATION TECHNOLOGY

(Runned by Shine Education Society)